



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *PROCEDURE PROTOCOLS*



BOUGIE INTUBATING STYLET

Indications

1. Difficult airway with inability to visualize the glottic opening (vocal cords).
2. The epiglottis must be visible (Lehane & Cormack Grade III Laryngoscopic View).
3. 15 F stylet for endotracheal tubes 6.0 – 8.0 mm.
4. 10 F stylet for endotracheal tubes 3.0 - 6.0 mm.

Physical Findings

Lehane & Cormack Grade III Laryngoscopic View



Protocol

1. During laryngoscopy insert the bougie (*banana shaped*) with the 30-degree tip directed below the epiglottis.
2. Tactile confirmation of tracheal clicking will be felt as the distal tip of the bougie bumps against the tracheal rings.
3. If tracheal clicking cannot be felt, continue to gently advance the bougie until “hold up” is felt.



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4. Tracheal clicking and “hold up” are positive signs that the bougie has entered the trachea.
5. If no tracheal clicking or “hold up” is felt esophageal placement is assumed and the bougie should be removed and an alternative airway should be utilized.
6. When positive signs are felt, advance the bougie to a depth of approximately 25 cm so that the distal tip lies at least 2 to 3 cm beyond the glottic opening.
7. While holding the bougie securely and without removing the laryngoscope, advance the endotracheal tube over the proximal tip of the bougie.
8. Once the endotracheal tube has passed beyond the teeth, rotate the endotracheal tube 90 degrees counter clockwise (1/4 turn to the left) so that the endotracheal tube bevel does not catch on the arytenoids cartilage.
9. Advance the endotracheal tube to the proper depth so that the tip of the endotracheal tube lies in the mid-trachea.
10. Holding the endotracheal tube securely, remove the bougie.
11. Confirm endotracheal placement with capnometry/capnography, and chest auscultation.
12. Secure the endotracheal tube.